|  |   |                                 |                       |                      |                       |                  | Application or Docket Nun |               |                        |           |                            | ber                    |
|--|---|---------------------------------|-----------------------|----------------------|-----------------------|------------------|---------------------------|---------------|------------------------|-----------|----------------------------|------------------------|
|  | PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  09/9/7945 |                                 |                       |                      |                       |                  |                           |               |                        |           |                            | 45                     |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |                                 |                       |                      |                       |                  | SMALL ENTITY TYPE         |               |                        | OR        | OTHER THAN OR SMALL ENTITY |                        |
| TOTAL CLAIMS   |   |                                 | 16                    |                      |                       |                  | RAT                       | RATE FE       |                        |           | RATE                       | FEE                    |
| FOR  |   |                                 | NUMBER FILED          |                      | NUMBER EXTRA          |                  | BASIC FEE 355.00          |               | OR                     | BASIC FEE | 710.00                     |                        |
| TOTAL CHARGEABLE CLAIMS  |   |                                 | // minus 20=          |                      | . 0                   |                  | X\$ 9=                    |               |                        | OR        | X\$18=                     |                        |
| INDEPENDENT CLAIMS   |   |                                 | 3 mi                  | nus 3 =              | <i>*</i>              |                  | X40=                      |               | -                      | OR        | X80=                       |                        |
| MU   | LTIPLE DEPEN  | DENT CLAIM P                    | RESENT                |                      |                       |                  | +135                      | <u> </u>      |                        | OR        | +270=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |                                 |                       |                      |                       | TOTAL            |                           |               | OR                     | TOTAL     | 7100                       |                        |
| CLAIMS AS AMENDED - PART II  |   |                                 |                       |                      |                       |                  |                           |               |                        |           | OTHER                      |                        |
|  |   | (Column 1)                      | (Column :             |                      |                       | (Column 3)       | lumn 3) SMALL             |               |                        | OR        | SMALL                      |                        |
| ENT A  |   | REMAINING<br>AFTER<br>AMENDMENT |                       | NUM<br>PREVI<br>PAID | IBER<br>OUSLY         | PRESENT<br>EXTRA | RAT                       | E             | ADDI-<br>TIONAL<br>FEE |           | RATE                       | ADDI-<br>TIONAL<br>FEE |
| MON  | Total   | *                               | Minus                 | **                   |                       | =                | X\$ 9                     | )=            |                        | OR        | X\$18=                     |                        |
| <b>AMENDMENT</b>   | Independent   | *                               | Minus                 | ***                  |                       | =                | X40                       | =             |                        | OR        | X80=                       |                        |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDEN   |                                 |                       |                      | T CLAIM               |                  | +135                      |               | <u>·</u>               |           | +270=                      |                        |
|  |   |                                 |                       |                      |                       |                  |                           | TAL           |                        | OR.       | TOTAL                      |                        |
|  |   |                                 |                       |                      |                       |                  | ADDIT. FEEOR ADD          |               |                        |           |                            |                        |
|  |   | (Column 1)<br>CLAIMS            |                       |                      | mn 2)<br>HEST         | (Column 3)       |                           |               | ADDI-                  | 1         |                            | ADDI-                  |
| MENT B   |   | REMAINING<br>AFTER<br>AMENDMENT |                       | PREVI                | MBER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA | RAT                       | Έ             | TIONAL<br>FEE          |           | RATE                       | TIONAL<br>FEE          |
|  | Total   | *                               | Minus                 | **                   |                       | =                | X\$ 9                     | )=            |                        | OR        | X\$18=                     |                        |
| AMEND  | Independent   | *                               | Minus                 | ***                  |                       | =                | X40=                      |               |                        | OR        | X80=                       |                        |
|  | FIRST PRESENTATION OF M   |                                 | ULTIPLE DEPENDENT CLA |                      | T CLAIM               |                  | +135                      | =             |                        | 1         | +270=                      |                        |
|  |   |                                 |                       |                      |                       |                  |                           | TAL           |                        | OR        | TOTAL                      |                        |
|  |   |                                 |                       |                      | - 8                   |                  | ADDIT.                    | FEE           | <u></u>                | OR        | ADDIT. FEE                 |                        |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST  |   |                                 |                       |                      |                       |                  |                           |               |                        | ,         |                            | T                      |
| AMENDMENT C  |   | REMAINING<br>AFTER<br>AMENDMENT | -                     | NUN<br>PREVI         | MBER<br>IOUSLY<br>FOR | PRESENT<br>EXTRA | RAT                       | E             | ADDI-<br>TIONAL<br>FEE |           | RATE                       | ADDI-<br>TIONAL<br>FEE |
| NDM  | Total   | •                               | Minus                 | **                   |                       | =                | X\$ 9                     | )=            |                        | OR        | X\$18=                     |                        |
| MEI  | Independent   | *                               | Minus                 | ***                  |                       | =                | X40                       | ) <del></del> | <u> </u>               | 1         | X80=                       | 1                      |
| L  | FIRST PRESE   | ULTIPLE DEPENDENT CLAIM         |                       |                      |                       | <b>⅃</b> ├──     |                           |               | OR                     |           |                            |                        |
| * 1  | f the enter in colu   | mn 1 is less than t             | he entry in col       | umn 2 wei            | te "N" in c           | olumn 3          | +135                      |               |                        | OR        | +270=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                                 |                       |                      |                       |                  |                           |               |                        |           |                            |                        |

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09917945

| CLAIMS AS FILED - PART (Column 1)   |   |   |                 |                               |              | mn 2)            |            | SMALL ENTITY TYPE   |                        |    | OTHER THAN OR SMALL ENTITY |                        |
|---|---|---|-----------------|-------------------------------|--------------|------------------|------------|---------------------|------------------------|----|----------------------------|------------------------|
| TO  | OTAL CLAIMS   |   |                 |                               |              |                  |            | RATE                | FEE                    | 1  | RATE                       | FEE                    |
| FC  | R   |   | NUMBER FILED    |                               | NUMBER EXTRA |                  |            | BASIC FEE           | 370.00                 | OR | BASIC FEE                  | 740.00                 |
| TC  | TAL CHARGE  | ABLE CLAIMS                               | l - minus 20=   |                               | *            | ¥                |            | X\$ 9=              |                        | OR | X\$18=                     |                        |
| INDEPENDENT CLAIMS minus 3 =  |   |   |                 |                               | *            |                  |            | X42=                |                        | OR | X84=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |   |                 |                               |              |                  |            | +140=               |                        | OR | +280=                      |                        |
| * If the difference in column 1 is less than zero, enter                            |   |   |                 |                               | r "0" in c   | olumn 2          |            | TOTAL               |                        | OR | TOTAL                      |                        |
| CLAIMS AS AMENDED - PAR' (Column 1) (Colum  |   |   |                 |                               | nn 2)        | (Column 3)       | <u> </u>   | SMALL E             | NTITY                  | OR | OTHER<br>SMALL I           |                        |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total   | . 19                                      | Minus           | ** 2                          | .0           | = ~              |            | X\$ 9̀≥             |                        | OR | X\$18=                     |                        |
| AME   | Independent   | * 3<br>ENTATION OF MI                     | Minus           | *** 3                         | CLAIM        | =                | ] [        | X42=                |                        | OP | X84=                       |                        |
|   | TINOT FRESE   | INTATION OF MI                            | JETTPLE DEF     | ENDEN                         | CLATIVI      |                  | <b>,</b> [ | +140=               |                        | OR | +280=                      |                        |
|   |   |   |                 |                               |              |                  |            | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
|   |   | (Column 1)                                |                 | (Colur                        |              | (Column 3)       |            |                     | •                      |    |                            |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total   | . 21                                      | Minus           | ** 2                          | 0            | = [              |            | X\$ 9=              |                        | OR | X\$18=                     | 18                     |
|   | Independent   | * 4                                       | Minus           | ***                           | 3            | =                |            | X42=                |                        | OR | X84=                       | 84                     |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT  |   |                 |                               |              |                  | 1          | +140=               |                        | OR | +280=                      |                        |
|   |   |   |                 |                               |              | •                | L          | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE        | 102                    |
|   |   | (Column 1)                                |                 | (Colur                        | mn 2)        | (Column 3)       |            |                     |                        | •  | ADDII. 1 CE                |                        |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus           | **                            |              | =                |            | X\$ 9=              |                        | OR | X\$18=                     |                        |
|   | Independent   | *   | Minus           | ***                           |              | =                | 11         | X42=                |                        | OR | X84=                       |                        |
|   | FIRST PRESE   | ENTATION OF MI                            | JLTIPLE DEF     | PENDENT                       | CLAIM        |                  | ┙┞         | +140=               |                        |    | +280=                      |                        |
| * If the ntry in column 1 is less than the ntry in column 2, write "0" in column 3. |   |   |                 |                               |              |                  |            | TOTAL               |                        | OR | TOTAL                      |                        |
| ***   | f the "High st Nu   | mber Previously Pa                        | aid For" IN THI | S SPACE                       | is I ss tha  | n 3, nter "3."   |            | DDIT. FEE           |                        |    | ADDIT. FEE                 |                        |
| •   | Th "High st Number Previously Paid For" (Total or Ind pend nt) is the highest number found in the appropriat box in column 1. |   |                 |                               |              |                  |            |                     |                        |    |                            |                        |